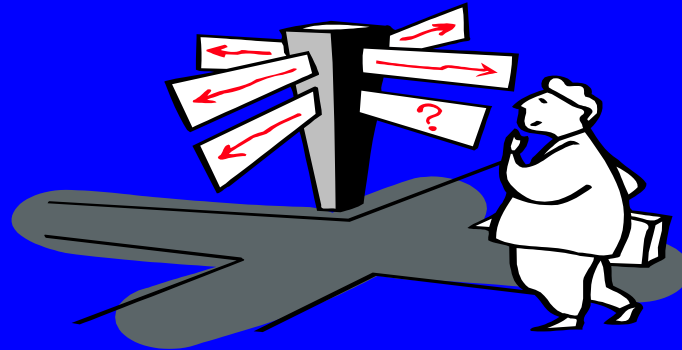


# *Session 5E.*

(A Feedback Session)

## *Public Health Laboratories - Meeting the Challenge of Electronic Information Exchange with Multiple Partners*



**Moderator:**

**Dr. Jim Pearson, Director. Va Consolidated Laboratory Services Division**

**Speakers:**

**Dr. Tom Safranek. State Epidemiologist. Nebraska**

**Dina Caloggero, State Laboratory Institute, Massachusetts**

**David Bray. CDC**

**Tim Morris. CDC**

## **Session Summary**

- PHLs perform a wide variety of functions, therefore a wide variety of partners – federal agencies, state agencies, and peers
  - PHL data supports the major disciplines of Public Health, ie, PHL functionality is at the crossroads of PH.
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**CHALLENGE** - think about the crossroads where PHLs sit - (how can improve the reporting efficiency/ how to integrate data system

Two examples

- Food Safety (CDC, FDA, USDA)
- Environmental health with laboratory data – biomonitoring.

## ***Presentations***

- Connection at the crossroads. NEDSS base system - a successful demonstration of efficient collection of laboratory data supporting notifiable diseases.
- Individual PHL development of LIMS. A robust LIMS is needed and some states are developing their own systems that are PHIN compliant and HIPAA compliant. Leveraging HAN.
- Bioterrorism brings new challenges – iterative development – need to address immediate needs (BioWatch – LRN results messenger)

## **Audience questions/comments**

- Can the messaging for LRN be made more user friendly? Points to the need of a greater understanding of “how to use”, the capability, and function of the software supplied. Raises issues of deployment process and combining resources to implement PHINMS and LRN PHINMS.
- Everyone should realize that the tasks involved implementing PHIN and doing development are not easy. TIME, MANPOWER, and MONEY is essential.
- Breaking down of turf issues by building relationships united with a common goal – integration of data sources – accomplishing electronic surveillance.
- Wish – there could be a simple list that says – do this for PHIN compatibility? What choices can be made in making current systems compatible with PHIN?

## **Feedback**

- KEY to meeting the challenge Jim Pearson put forward is (1) acceptance and commitment of PHIN standards (2) partners at the table to implement PHIN together.
- A robust LIM system is a prerequisite for enabling PHLs to move forward more rapidly with PHIN.
- Capabilities exist to move forward with electronic messaging, need to start gaining experience. Important for implementation guides to be available asap.
- A road map will greatly increase speed of implementation and understanding of the “next step”.
- There remains a need for more robust/structured process for sharing experiences. Learning from “lessons learned” – leveraging information! A drill down system. “one stop shopping”

## **Feedback**

- **BIG ISSUES**

- Resources – manpower load require
- Cost
  - a. important to document costs to more accurately write requests for funding))
  - b. How to address – vendors do an interface one time and charge many times – will become increasingly important as move towards exchange of information with hospitals using large clinical systems